

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

IN RE: DAVID MATTHEW WETZEL
PENNY LYNN WETZEL

CASE NO: 17-23732-GLT

**DECLARATION OF MAILING
CERTIFICATE OF SERVICE**

Chapter: 7
ECF Docket Reference No. 71

On 6/19/2018, I did cause a copy of the following documents, described below,

ORDER (Doc 71) ECF Docket Reference No. 71

341 Meeting of Creditors Notice & Continued Hearing 54

Amendment to Schedule F 70

to be served for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing matrix exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.

I caused these documents to be served by utilizing the services of BK Attorney Services, LLC d/b/a certificateofservice.com, an Approved Bankruptcy Notice Provider authorized by the United States Courts Administrative Office, pursuant to Fed.R.Bankr.P. 9001(9) and 2002(g)(4). A copy of the declaration of service is attached hereto and incorporated as if fully set forth herein.

Parties who are participants in the Courts Electronic Noticing System ("NEF"), if any, were denoted as having been served electronically with the documents described herein per the ECF/PACER system.

DATED: 6/19/2018

/s/ Jeffrey J. Sikirica
Jeffrey J. Sikirica 36745

Jeffrey J. Sikirica, Esquire
121 Northbrook Drive
Gibsonia, PA 15044
724 625 2566

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

IN RE: DAVID MATTHEW WETZEL
PENNY LYNN WETZEL

CASE NO: 17-23732-GLT

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DECLARATION OF MAILING**

Chapter: 7
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were deposited for delivery by the United States Postal Service, via First Class United States Mail, postage prepaid, with sufficient postage thereon to the parties listed on the mailing matrix exhibit, a copy of which is attached hereto and incorporated as if fully set forth herein.

The undersigned does hereby declare under penalty of perjury of the laws of the United States that I have served the above referenced document(s) on the mailing list attached hereto in the manner shown and prepared the Declaration of Certificate of Service and that it is true and correct to the best of my knowledge, information, and belief.

DATED: 6/19/2018



Jay S. Jump
BK Attorney Services, LLC
d/b/a certificateofservice.com, for
Jeffrey J. Sikirica
Jeffrey J. Sikirica, Esquire
121 Northbrook Drive
Gibsonia, PA 15044

CROSSROADS EYE CARE ASSOCIATES
4160 WASHINGTON ROAD #3
MCMURRAY PA 15317-2533

GREATER WASHINGTON RADIOLOGY
155 WILSON AVENUE
WASHINGTON PA 15301

MEDEXPRESS BILLING
ATTN #7964C
PO BOX 14000
BELFAST ME 04915-4033

PITTSBURGH OCULOPLASTIC ASSOC. LTD
3471 FIFTH AVE.
SUITE 11115
PITTSBURGH PA 15213

QUEST DIAGNOSTICS VENTURE LLC
PO BOX 740717
CINCINNATI OH 45274-0717

UPMC HEALTH SERVICES
PO BOX 371472
PITTSBURGH PA 15250-7472

WHS LAKESIDE PRIMARY CARE
1001 WATERDAM PLAZA DRIVE
CANONSBURG PA 15317

PAMELA J. WILSON TRUSTEE
810 VERMONT AVENUE
PITTSBURGH PA 15301

OFFICE OF THE US TRUSTEE
LIBERTY CENTER SUITE 970
1001 LIBERTY AVENUE
PITTSBURGH PA 15222

Form 006

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

IN RE:

David Matthew Wetzel : Case No. 17-23732-GLT
Penny Lynn Wetzel : Chapter: 7
Debtor(s) :
:
:

ORDER

AND NOW, this ***The 18th of June, 2018***, the Debtor(s) having filed an ***Amendment to Schedule F*** [Dkt. No. 70], filed on ***June 16, 2018***,

It is hereby ***ORDERED, ADJUDGED and DECREED*** that:

(1) The Debtor(s) shall ***immediately*** serve a copy of this ***Order***, the ***341 Meeting of Creditors Notice*** and the ***Amendment*** on all affected parties, the Trustee (if one is appointed) and the United States Trustee.

(2) On or before seven (7) days from receipt of this ***Order*** the Debtor(s) shall file a Certificate of Service with the Clerk, U.S. Bankruptcy Court.

(3) ***On or before July 18, 2018 or the date set forth in the Section 341 Meeting Notice***, whichever is later, any ***Objection to Discharge*** (if applicable), ***Request for a 341 Meeting*** (if applicable), and/or ***Objections to Exemptions*** shall be filed.

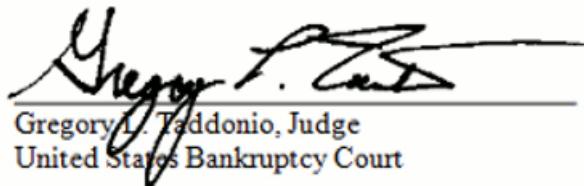
(4) If no objections to the ***Amendment*** are filed, the ***Amendment*** is accepted for filing. If objections to the ***Amendment*** are filed, a hearing will be scheduled.

(5) ***FAILURE TO SERVE*** the appropriate documents and file a timely ***Certificate of Service*** will result in the ***Amendment*** being rendered ***NULL AND VOID*** without further Order of Court.

(6) If applicable, failure to pay the required filing fee within seven (7) days of the date of the ***Order***, or failure to add additional creditors(s) into bankruptcy case via CM/ECF Creditor Maintenance within seven (7) days from the date of this ***Order*** will result in the ***Amendment*** being rendered ***NULL AND VOID*** without further Order of Court.

Dated: June 18, 2018

cm: Debtor
Counsel for Debtors



Gregory J. Tadonio, Judge
United States Bankruptcy Court

Information to identify the case:

Debtor 1	David Matthew Wetzel	Social Security number or ITIN xxx-xx-9319
	First Name Middle Name Last Name	EIN ---
Debtor 2 (Spouse, if filing)	Penny Lynn Wetzel	Social Security number or ITIN xxx-xx-7103
	First Name Middle Name Last Name	EIN ---
United States Bankruptcy Court	WESTERN DISTRICT OF PENNSYLVANIA	Date case filed in chapter 13 9/17/17
Case number:	17-23732-GLT	Date case converted to chapter 7 5/8/18

Official Form 309B (For Individuals or Joint Debtors)**Notice of Chapter 7 Bankruptcy Case -- Proof of Claim Deadline Set**

12/15

For the debtors listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtors or the debtors' property. For example, while the stay is in effect, creditors cannot sue, garnish wages, assert a deficiency, repossess property, or otherwise try to collect from the debtors. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although debtors can ask the court to extend or impose a stay.

The debtors are seeking a discharge. Creditors who assert that the debtors are not entitled to a discharge of any debts or who want to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadlines specified in this notice. (See line 9 for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

To help creditors correctly identify debtors, debtors submit full Social Security or Individual Taxpayer Identification Numbers, which may appear on a version of this notice. However, the full numbers must not appear on any document filed with the court.

Do not file this notice with any proof of claim or other filing in the case. Do not include more than the last four digits of a Social Security or Individual Taxpayer Identification Number in any document, including attachments, that you file with the court.

About Debtor 1:		About Debtor 2:
1. Debtor's full name	David Matthew Wetzel	Penny Lynn Wetzel
2. All other names used in the last 8 years		
3. Address	796 Baird Avenue Washington, PA 15301	784 Findley Street Washington, PA 15301
4. Debtor's attorney Name and address	Jeffrey J. Sikirica 121 Northbrook Drive Pine Township Gibsonia, PA 15044	Contact phone 724-625-2566 Email: SikiricaLaw@zoominternet.net
5. Bankruptcy trustee Name and address	Pamela J. Wilson 810 Vermont Avenue Pittsburgh, PA 15234	Contact phone 412-341-4323 Email: pwilson@epiqtrustee.com

For more information, see page 2 >

6. Bankruptcy clerk's office	U.S. Bankruptcy Court 5414 U.S. Steel Tower 600 Grant Street Pittsburgh, PA 15219	Hours open: Mon. – Fri. Pittsburgh Office: 9:00a.m. – 4:30p.m. Erie Office: 9:00a.m. – 4:30p.m. Contact phone 412-644-2700 Date: 5/8/18
7. Meeting of creditors	June 1, 2018 at 11:00 AM	Location: First Floor Conference Room, 29 West Cherry Avenue, Washington, PA 15301
	Debtors must attend the meeting to be questioned under oath. In a joint case, both spouses must attend. Creditors may attend, but are not required to do so.	The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket.
8. Presumption of abuse		The presumption of abuse does not arise.
	If the presumption of abuse arises, you may have the right to file a motion to dismiss the case under 11 U.S.C. § 707(b). Debtors may rebut the presumption by showing special circumstances.	
9. Deadlines	File by the deadline to object to discharge or to challenge whether certain debts are dischargeable: You must file a complaint: <ul style="list-style-type: none">• if you assert that the debtor is not entitled to receive a discharge of any debts under any of the subdivisions of 11 U.S.C. § 727(a)(2) through (7), or• if you want to have a debt excepted from discharge under 11 U.S.C. § 523(a)(2), (4) or (6). You must file a motion: <ul style="list-style-type: none">• if you assert that the discharge should be denied under § 727(a)(8) or (9).	Filing deadline: 7/31/18
	Deadline for all creditors to file a proof of claim (except governmental units):	Filing deadline: 7/17/18
	Deadline for governmental units to file a proof of claim:	Filing deadline: 3/16/18
	Deadlines for filing proof of claim: A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be obtained at www.uscourts.gov or any bankruptcy clerk's office. If you do not file a proof of claim by the deadline, you might not be paid on your claim. To be paid, you must file a proof of claim even if your claim is listed in the schedules that the debtor filed. Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.	
	Deadline to object to exemptions: The law permits debtors to keep certain property as exempt. If you believe that the law does not authorize an exemption claimed, you may file an objection.	Filing deadline: 30 days after the conclusion of the meeting of creditors
10. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.	
11. Liquidation of the debtor's property and payment of creditors' claims	The bankruptcy trustee listed on the front of this notice will collect and sell the debtor's property that is not exempt. If the trustee can collect enough money, creditors may be paid some or all of the debts owed to them in the order specified by the Bankruptcy Code. To ensure you receive any share of that money, you must file a proof of claim as described above.	
12. Exempt property	The law allows debtors to keep certain property as exempt. Fully exempt property will not be sold and distributed to creditors. Debtors must file a list of property claimed as exempt. You may inspect that list at the bankruptcy clerk's office or online at www.pacer.gov . If you believe that the law does not authorize an exemption that the debtors claim, you may file an objection. The bankruptcy clerk's office must receive the objection by the deadline to object to exemptions in line 9.	

Case 17-23732-GLT Doc 72 Filed 06/19/18 Entered 06/19/18 10:37:36 Desc Main Document Page 7 of 15

06/01/2018		Meeting of Creditors Continued (Trustee's 341 Filings). on 7/13/2018 at 10:00 AM at p62 Washington County Family Court Center, Washington. (Wilson, Pamela) (Entered: 06/01/2018)
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In Re: : Bankruptcy No. 17-23732-GLT

DAVID MATTHEW WETZEL	:	
PENNY LYNN WETZEL	:	Chapter 7
Debtors	:	
DAVID MATTHEW WETZEL	:	Related to Document No.
PENNY LYNN WETZEL	:	
Movant	:	
v.	:	
CROSSROADS EYE CARE	:	
ASSOCIATES, GREATER	:	
WASHINGTON RADIOLOGY,	:	
MEDEXPRESS BILLING,	:	
PITTSBURGH OCUPLASTIC	:	
ASSOCS., LTD, QUEST	:	
DIAGNOSTICS VENTURE, LLC,	:	
UPMC HEALTH SERVICES, and,	:	
WHS LAKESIDE PRIMARY CARE	:	

AMENDMENT COVER SHEET (AMENDED)

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

Voluntary Petition - *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

Summary of Schedules

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors holding Secured Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

Schedule G - Executory Contracts and Unexpired Leases

Check one:

Creditor(s) added

NO creditor(s) added

Creditor(s) deleted

- ____ Schedule H - Codebtors
____ Schedule I - Current Income of Individual Debtor(s)
____ Schedule J - Current Expenditures of Individual Debtor(s)
____ Statement of Financial Affairs
____ Chapter 7 Individual Debtor's Statement of Intention
____ Chapter 11 List of Equity Security Holders
____ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
____ Disclosure of Compensation of Attorney for Debtor
____ Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Bankruptcy Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Date: 06/16/2018

/s/ Jeffrey J. Sikirica

Attorney for Debtor(s) [or *pro se* Debtor(s)]

Jeffrey J. Sikirica

Typed Name

121 Northbrook Dr., Gibsonia, PA 15044

Address

(724) 625-2566

Phone No.

36745 PA

List Bar I.D. and State of Admission

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this information to identify your case:

Debtor 1	David M Wetzel		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Penny Lynn Wetzel		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Pennsylvania			
Case number (if known)		17-23732-GLT	

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			
Priority Creditor's Name	Last 4 digits of account number	\$ _____	\$ _____
Number Street	When was the debt incurred?	_____	
City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Last 4 digits of account number	\$ _____	\$ _____
Priority Creditor's Name	When was the debt incurred?	_____	
Number Street	As of the date you file, the claim is: Check all that apply.		
City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Crossroads Eye Care Associates

Total claim

4.1

Nonpriority Creditor's Name
4160 Washington Road #3
Number Street

Last 4 digits of account number 4955

\$ 421.96

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

McMurray PA 15317-2533

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

4.2

Greater Washington Radiology

Last 4 digits of account number 4002

\$ 186.00

When was the debt incurred? 2017

Nonpriority Creditor's Name
155 Wilson Avenue
Number Street

Washington, PA 15301

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

4.3

MedExpress Billing

Last 4 digits of account number 3908

\$ 428.00

When was the debt incurred? _____

Nonpriority Creditor's Name
Attn #7964C
Number Street
PO Box 14000

Belfast ME 04915-4033

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt**Is the claim subject to offset?**

- No
 Yes

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Services

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.4	Pittsburgh Oculoplastic Assocs., Ltd Nonpriority Creditor's Name 3471 Fifth Ave. Number Street Suite 11115 City Pittsburgh State PA ZIP Code 15213	Last 4 digits of account number 4370 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
4.5	Quest Diagnostics Venture, LLC Nonpriority Creditor's Name PO Box 740717 Number Street City Cincinnati State OH ZIP Code 45274-0717	Last 4 digits of account number 8516 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services
4.6	UPMC Health Services Nonpriority Creditor's Name PO Box 371472 Number Street City Pittsburgh State PA ZIP Code 15250-7472	Last 4 digits of account number 0444 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Services

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.7	<p>WHS Lakeside Primary Care</p> <p>Nonpriority Creditor's Name 1001 Waterdam Plaza Drive</p> <p>Number Street</p> <p>City: Canonsburg State: PA ZIP Code: 15317</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? 2017</p> <p>\$ 173.00</p>
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Services</p>	
	<p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	
	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ _____</p>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	
	<p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p>	
	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ _____</p>	
	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Collection Service Center, Inc.

Name		
839 5th Avenue		
Number Street		
PO Box 560		
New Kensington	PA	15068-051
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4002

Name		
Number Street		
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name		
Number Street		
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name		
Number Street		
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name		
Number Street		
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name		
Number Street		
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name		
Number Street		
City	State	ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ _____ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ _____ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ _____ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ _____ 0.00
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ _____ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____ 144,944.86
	6j. Total. Add lines 6f through 6i.	6j. \$ _____ 144,944.86